

ARREST Report - M15695521

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 New York City Police Department OmniForm System - Arrests	
RECORD STATUS: ARR PRC CMPL	
Arrest ID: M15695521 - H	
Arrest Location: FRONT OF 161 WEST 108 STREET	
Pct: 024	
Arrest Date: 12-25-2015 Processing Type: DAT Current Location of Perpetrator Time: 03:37:00 DCJS Fax Number: MP025723 Borough: Manhattan Sector: G Special Event Code: NO Type: Strip Search Conducted: NO DAT Number: 0 Location: 024 PRECINCT Viper Initiated Arrest: NO Stop And Frisk: NO Return Date: 0000-00-00 Serial #: 0000-000-00000	
COMPLAINTS:	
Arrest #: M15695521	
COMPLAINT NUMBER REPORT DATE RECORD STATUS OCCUR DATE OCCUR TIME 2015-024-05803 2015-12-25 Reserved # for Arrest 2015-12-25 02:00	
CHARGES:	
Arrest #: M15695521	
CHARGE ATTEMPT? LAW CODE CLASS TYPE COUNTS DESCRIPTION TOP No PL 120.00 01 M A 1 ASLT W/INT CAUSES PHYS INJURY	
DWI Arrest from: # Injured: # Fatalities: Test Given: B.A.C. Reason Not Forfeit: 00 00	
DETAILS:	
Arrest #: M15695521	
AT TPO CIV STATES THAT DEFENDANT DID PUNCH CIV IN FACE WITH A CLOSED FIST, CAUSING PAIN AND SWELLING WITH A LACERATION TO RIGHT SIDE OF CIV FACE.	
DEFENDANT: HIRALDO, STEVEN	
NYSID #: Arrest #: M15695521	
Nick/AKA/Maiden: Height: 5FT 10IN Sex: MALE Weight: 250 Race: BLACK HISPANIC Eye Color: BROWN Age: 30 Hair Color: BLACK Date Of Birth: 12/28/1984 Hair Length: SHORT U.S. Citizen: YES Hair Style: CAESAR Place Of Birth: Skin Tone: MEDIUM Is this person not Proficient in English? NO Complexion: CLEAR If Yes, Indicate Language: Accent: NO Soc.Security #: Occupation: OTHER Identification ID: Identification #: Physical Condition: APPARENTLY NORMAL Lio/Permit Type: Drug Used: NONE Lio/Permit No:	
Order Of Protection: NO Issuing Court: Docket #: Expiration Date: Relation to Victim: FRIEND/ACQUAINTANCE Living together: NO Can be identified: YES Gang/Crew Affiliation: NO Name: Identifiers:	
LOCATION ADDRESS CITY STATE/CNTRY ZIP APT/ROOM PCT HOME-PERMANENT 161 WEST 108 STREET MANHATTAN NEW YORK 10025 3S 024	
Phone # and E-Mail Address:	
N.Y.C.H.A. Resident: NO N.Y.C. Housing Employee: NO On Duty Development: N.Y.C. Transit Employee: NO	
Physical Force: USED	

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Guns:		Make:		Recovered:	
Weapon Used/Possessed: NONE		Color:		Serial Number Defaced:	
Non-Firearm Weapon:		Caliber:		Serial Number:	
Other Weapon Description:		Type:			
		Discharged: NO			
Used Transit System: NO					
Station Entered:					
Time Entered:					
Metro Card Type:					
Metro Card Used/Poses:					
Card #:					
CRIME DATA		DETAILS			
MODUS OPERANDI		PUNCHED			
ACTIONS TOWARD VICTIM		INJURY USING PHYSICAL FORCE			
CLOTHING		ACCESSORIES - JEANS - BLUE			
CLOTHING		FOOTWEAR - SNEAKERS - BLUE			
CLOTHING		OUTERWEAR - T-SHIRT OR TANK TOP - WHITE			
CLOTHING		HEADGEAR - UNK - UNKNOWN COLOR			
CHARACTERISTICS		UNKNOWN			
BODY MARKS		UNKNOWN			
BODY MARKS		UNKNOWN			
IMPERSONATION		UNKNOWN			
JUVENILE DATA:				Arrest #: M15695521	
Juvenile Offender:		Relative Notified:		Personal Recog:	
Number Of Priors: 0		Name:			
School Attending:		Phone Called:			
Mother's Maiden Name:		Time Notified:			
ASSOCIATED ARRESTS:				Arrest #: M15695521	
ARREST ID COMPLAINT #					
No Vehicles for Arrest #					
DEFENDANTS CALLS:				Arrest #: M15695521	
CALL # NUMBER DIALED NAME CALLED					
1 -- REFUSED, REFUSED					
INVOICES:				Arrest #: M15695521	
INVOICE# COMMAND PROPERTY TYPE VALUE					
ARRESTING OFFICER: POM JAMES MCKINLEY				Arrest #: M15695521	
Tax Number: [REDACTED]		On Duty: YES		Force Used: NO	
Other ID (non-NYPD): [REDACTED]		In Uniform: YES		Type:	
Shield: 15542		Squad: A1		Reason:	
Department: NYPD		Chart: 02		Officer Injured: NO	
Command: 024		Primary Assignment:			
Arresting Officer Name:		Tax #:	Command:	Agency:	
POM MCKINLEY, JAMES		[REDACTED]	024	NYPD	
Supervisor Approving:			Command:	Agency:	
SGT ODEN JERMAINE			024	NYPD	
Report Entered by:			Command:	Agency:	
POM DONATO, GREGORY			024	NYPD	

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END OF ARREST REPORT
M15695521



Print this Report

Add an another Arrest



POLICE DEPARTMENT OF THE CITY OF NEW YORK
Desk Appearance Ticket

Precinct of Arrest : 024

DAT Serial No : 024-00552

OLAS Arrest-ID : M15695521

The People of the State of New York VS.

Defendant Name : HIRALDO, STEVEN,
Defendant Address: 161 WEST 108 STREET, 35,
MANHATTAN, NY 10025

Age: 30 yrs

Date of Birth: 12/28/1984

You are hereby summoned to appear in the Criminal Court of the City of New York, to answer a criminal charge made against you.

Top Offense Charged : PL 120.00 01
County: New York Arraign Part: DAT
At LOC: 100 Centre Street, New York, NY 10003

Time: 10:30 AM
Room: DAT

Date: 02/08/2016

Instructions for Defendant

You must appear at the time and date indicated above, and present this form to the court clerk.

FAILURE TO APPEAR WILL RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Should you fail to appear for the offense charged above, in addition to a warrant being issued for your arrest, you may be charged with additional violations of the penal law which upon conviction may subject you to a fine, imprisonment or both. Additionally, if you fail to comply with the directions of this Desk Appearance Ticket, any bail paid will be subject to forfeiture.

Additional Instructions

Must Appear!!

Acknowledgement of Defendant:

I, the undersigned, do hereby acknowledge receipt of the above Desk Appearance Ticket, personally served upon me, and do agree to appear as indicated.

Defendant Signature:

Time: 02 05

Date: 12, 28, 15

Photographed by

Time: 05 05

Date: 12, 28, 15

Finger-Printed? Y

Arresting Officer: MCKINLEY, JAMES Shield: -

Rank: POM

Tax Reg.: 942169

Squad: 24TH PRECINCT

Command: 024

Agency: NYPD

Address of Agency if not: NYPD

Was cash bail accepted? N

Amount: \$

Signature Issuing Officer

12, 28, 15
Date

Signature Desk Officer



DESK APPEARANCE TICKET INVESTIGATION

PD 360-091 (Rev. 05-09)

DAT SERIAL NUMBER	ARREST NUMBER	DATE OF ARREST	TOP CHARGE
	M15695521-M	12-25-15	PL 170.01

ARRESTING OFFICER INFORMATION

Rank	Name (Last, First, M.I.)	Tax Registry Number	Command	Shield
PO	McIntley	942169	024	19542

Department (If Other Than NYPD)

ARRESTEE INFORMATION

Last Name	First Name	M.I.	Date of Birth
Hiroko	Scherer		12-28-84

Street	Apt. No.	City	County	State	Zip Code
161 West 108th	35	NY	NY	NY	10025

In Care Of: _____ How Long at Address? _____

Defendant's Driver License Number	Social Security Number	Years	Months	Days	Other Identification (Type)

Defendant Currently Employed: ☐ part-time ☒ full-time
Name, Address, and Telephone of Employer: _____

Defendant Currently in School: ☐ part-time ☐ full-time
Name, Address, and Telephone of School: _____

Social Status: ☒ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Married ☐ Living together

Lives with (check all that apply): ☐ Alone ☒ Parents ☐ Spouse ☐ Friend ☐ Children ☐ Common-Law ☐ Other: (specify): _____

(For all categories except children indicate name and length of time)

Name: _____ Length of Time: _____

Aliases: _____

Has a co-defendant? ☐ Yes ☒ No
Co-defendant Name: _____ Co-defendant Received DAT? ☐ Yes ☐ No
DAT Serial No.: _____

CONTACT INFORMATION

Home Phone Number: _____ Home Contact Name / Relationship: _____
Area Code (): _____

Additional Contact Phone Number: _____ Additional Contact Name / Relationship: _____
Area Code (): _____

If given a DAT, will someone go to arraignment with you? ☒ Yes ☐ No ☐ Don't Know

If yes, Name / Relationship: _____

WARRANT INFORMATION

Warrant Checked by: PO McIntley Time: 0230
Warrant Outstanding? ☐ Yes ☒ No
Warrant Type / Number: _____

A.311

D_000681

VERIFICATION INFORMATION

Item Verified	Source of Verification
Defendant Address: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Phone Contact <input type="checkbox"/> Arresting Officer <input type="checkbox"/> ID type: _____
Telephones: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Phone Contact <input type="checkbox"/> Arresting Officer <input type="checkbox"/> ID type: _____
Employment/School: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Phone Contact <input type="checkbox"/> Arresting Officer <input type="checkbox"/> ID type: _____
Desk Appearance Ticket Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	

Eligibility Failure, but DAT issued anyway (reason) _____

DAT Serial Number _____ Return Date _____ Return Time ☐ AM ☐ PM Other _____

REASONS DAT WAS DENIED

- | | |
|---|---|
| <input type="checkbox"/> 1 OUTSTANDING WARRANT | <input type="checkbox"/> 11 DESIGNATED RECIDIVIST PROGRAM (attach copy of FINEST warrant check) |
| <input type="checkbox"/> 2 RESIDES OUT OF STATE | <input type="checkbox"/> 12 DESIGNATED VEHICLE OFFENSES AS PER PATROL GUIDE AND INTERIM ORDER |
| <input type="checkbox"/> 3 UNABLE TO VERIFY ADDRESS | <input type="checkbox"/> 13 VIOLATION OF AN ORDER OF PROTECTION OR IMMEDIATE NEED TO SECURE ONE |
| <input type="checkbox"/> 4 PHOTOGRAPHABLE OFFENSE | <input type="checkbox"/> 14 HARASSMENT 1st OR MENACING 2nd, STALKING OFFENSES |
| <input type="checkbox"/> 5 FAMILY OFFENSE | <input type="checkbox"/> 15 CHILD ABUSE, NEGLECT, MALTREATMENT |
| <input type="checkbox"/> 6 UNABLE TO VERIFY IDENTIFICATION | <input type="checkbox"/> 16 GRAFFITI OFFENSES |
| <input type="checkbox"/> 7 ARREST FOR CRIMINAL SALE OF MARIHUANA 4th or 5th DEGREE | <input type="checkbox"/> 17 CRIMINAL TRESPASS 3rd (Commercial Premises) |
| <input type="checkbox"/> 8 UNDER THE INFLUENCE OF DRUGS / MARIHUANA TO THE DEGREE THAT HE MAY ENDANGER HIMSELF OR OTHERS | <input type="checkbox"/> 18 UNLAWFUL EVICTION |
| <input type="checkbox"/> 9 ASSAULT 3rd, ATTEMPTED ASSAULT 3rd, MENACING, AGGRAVATED HARASSMENT, RECKLESS ENDANGERMENT 2nd DEGREE WHEN COMMITTED AGAINST A CITY/STATE ENFORCEMENT AGENT PERFORMING OFFICIAL DUTY | <input type="checkbox"/> 19 RESISTING ARREST |
| <input type="checkbox"/> 10 ARREST FOR INTOX / IMPAIRED DRIVING — VTL sec 1192 sup 1,2,3,4 | <input type="checkbox"/> 20 OBSTRUCTING GOVERNMENTAL ADMINISTRATION 2nd (Not Uncooperative Actions) |
| | <input type="checkbox"/> 21 INTERFERENCE WITH PROFESSIONAL SPORTING EVENT (A.C. 10-162) |

FOR "E" FELONIES ONLY — AS AUTHORIZED BY PATROL GUIDE

DEFENDANT WITH E-FELONY ARREST CHARGES MUST HAVE A VERIFIED ADDRESS TO QUALIFY:

Item Verified	Source of Verification
Defendant Address: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Phone Contact <input type="checkbox"/> Arresting Officer <input type="checkbox"/> ID type: _____

IN ADDITION TWO OF THE FOLLOWING CRITERIA MUST BE VERIFIED (Indicate):

- | | |
|--|---|
| <input type="checkbox"/> LIVES AT CURRENT NYC ADDRESS FOR 18 MONTHS OR LONGER | <input type="checkbox"/> ID type: _____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Phone Contact <input type="checkbox"/> Arresting Officer | |
| <input type="checkbox"/> EMPLOYED, IN SCHOOL, IN JOB-TRAINING PROGRAM, OR ANY COMBINATION, FULL TIME | <input type="checkbox"/> ID type: _____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Phone Contact <input type="checkbox"/> Arresting Officer | |
| <input type="checkbox"/> HOME TELEPHONE NUMBER | <input type="checkbox"/> ID type: _____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Phone Contact <input type="checkbox"/> Arresting Officer | |

DESK OFFICER

RANK _____ NAME _____ COMMAND _____ SIGNATURE _____

ARRAIGNMENT DATE INFORMATION (CJA use only)

Original Arraignment Date _____ Changed to (First) _____ Changed to (Last) _____